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SMITH, GAMBRELL & RUSSELL 1130 CONNECTICUT AVENUE, N.W., SUITE 1130 WASHINGTON, DC 20036

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| APPLICATION NO. | FILING DATE | | FIRST NAMED INVENTOR | | DRNEY DOCKET NO. | CONFIRMATION NO. |
|--------------------|--------------------|-------------------|-------------------------|--------------------------|--------------------|-------------------------|
| 10/518,005 | 12/14/2004 | | Masashi Sugiyama | | WONDAF2 00000012 1 | 10518005 6706 |
| TITLE OF INVENTION | I: CATALYST AND ME | THOD FOR CLARIFYI | NG EXHAUSI GAS | 01 FC:1501 02 FC:1504 | | 1440.00 OP 300.00 OP |
| APPLN. TYPE | SMALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE DUE | PREV. PAID ISSUE FEE | TOTAL FEE(S) DUE | DATE DUE |
| nonprovisional | NO | \$1440 | \$300 | \$0 | \$1740 | 06/25/2008 |
| EXAMINER | | ART UNIT | CLASS-SUBCLASS |] | | |
| WOOD, ELIZABETH D | | 1793 | 502-064000 | _ | | |
| | | CHC A 44 | 2 For printing on the r | atent front page list | | |

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| 1 | Smith, Gambrell & | _ |
|---|-------------------|---|
| 2 | Russell, LLP | |
| 3 | | |
| | | |

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Sumitomo Metal Mining Co., Ltd.

Tokyo, Japan

| bamicomo necar niming cor, ica | |
|--|--|
| lease check the appropriate assignee category or categories (will not b | e printed on the patent): 🔲 Individual 🖾 Corporation or other private group entity 🚨 Government |
| Aa. The following fee(s) are submitted: XXIssue Fee XPublication Fee (No small entity discount permitted) Advance Order - # of Copies | 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 02-4300 (enclose an extra copy of this form). |
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June 24, 2008

Michael A. Makuch Typed or printed name _

Registration No.

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